

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number		Filing Date	
								10599053			
								Applicant(s) Axel GRAMMELSBERGER			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1			1								
2				1							
3				1							
4				1							
5				1							
6				1							
7				1							
8				1							
9				1							
10				1							
11				1							
12				1							
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
Total Indep	0		1		0						
Total Depend	0		11		0						
Total Claims	0		12		0						